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Bib Data Sheet

CONFIRMATION NO. 3676

SERIAL NUMBER 09/468,471	FILING DATE 12/21/1999 RULE	CLASS 422	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. THOX:0021--1
APPLICANTS VINCENT DIVINO, JR., MISSION VIEJO, CA; WILLIAM R. PATTERSON, IRVINE, CA; JEFFREY L. CREECH, LOS ANGELES, CA; STEPHEN E. MYRICK, TUSTIN, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/410,344 09/30/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 39
INDEPENDENT CLAIMS 4				
ADDRESS 27405				
TITLE METHOD OF FORMING GAS-ENRICHED FLUID				
FILING FEE RECEIVED 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICANT

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JEFFREY L. CREECH, LOS ANGELES, CA; STEPHEN E. MYRICK, TUSTIN, CA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF 09/410,344 09/30/99

Nos 12

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____				

ADDRESS

MICHAEL G FLETCHER
FLETCHER YODER & VAN SOMEREN
P O BOX 692289
HOUSTON TX 77269-2289

Revoked

TITLE

APPARATUS AND METHOD FOR BLOOD OXYGENATION

FILING FEE RECEIVED \$590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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